

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P13013**

1. Entity Name  
**THE CIRCUS GROUP CORPORATION**



Principal Place of Business  
**1900 BOOTHE CIRCLE, STE 104  
LONGWOOD, FL 32750**

Mailing Address  
**1900 BOOTHE CIRCLE, STE 104  
LONGWOOD, FL 32750**



02232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2759636**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LEVINE, WILLIAM  
1900 BOOTHE CIRCLE, STE 104  
LONGWOOD, FL 32750**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME ALVAREZ, CARLOS  
STREET ADDRESS 14800 SAN PEDRO, S-310  
CITY-ST-ZIP SAN ANTONIO, TX

TITLE T  
NAME BOLZ, JAMES J  
STREET ADDRESS 14800 SAN PEDRO STE 310  
CITY-ST-ZIP SAN ANTONIO, TX 78232

TITLE S  
NAME LEVINE, WILLIAM  
STREET ADDRESS 14800 SAN PEDRO, STE 310  
CITY-ST-ZIP SAN ANTONIO, TX 78232

TITLE AS  
NAME CUNNINGHAM, RUSSELL  
STREET ADDRESS 14800 SAN PEDRO, STE 310  
CITY-ST-ZIP SAN ANTONIO, TX 78232

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000457361  
03/17/06 80001-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/06 210 490 128  
Date Daytime Phone #